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ABSTRACT

Formerly married persons who have children often experience psycho-sexual problems and adjustments. Typically, a single parent has left a monogamous family situation, and his/her re-entry into a "singles" life style requires adaptation in every sphere of life, including economic status, nature and style of the family, changes in friendship networks, and attitudes toward sexual relationships. Therapeutic intervention can be of great importance in helping a newly single person adjust. Successful working through of three psycho-sexual stages (fling, transitional object relationship, and withdrawal) facilitate re-entry. The creation of a solid foundation of self-esteem enables the individual to take risks and grow in new relationships. (Author/HLM)

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Psycho-Sexual Aspects of the Singles Lifestyle

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Psycho-Sexual Aspects of the Singles Lifestyle

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Today's literature and media have created some distinct stereotypes of the single person. One character is the swinging single, an exciting, irresponsible hedonist who romps through series of sexual adventures. The other single is the opposite individual; the lonely loser, an unfulfilled person who has not met the expectations and roles of a coupled society. Yet, we know from our clinical observations that single people emerge from many different backgrounds such as widowhood, separation, divorce, and those who have never married. Confronting many new issues and life style alternatives, single people often experience anxiety about their role and expectations. This paper will address itself to the psycho-sexual problems and adjustments of the formerly married population who have children. Typically, this single parent has left the monoganous family situation and his re-entry into a singles life style requires adaptation in every sphere of life. He must re-examine his economic status, the nature and style of his family, the change in the network of his friends, and his attitudes towards sexual relationships. This paper will discuss four aspects of the singles life style: the historical background, the psycho-sexual stages of re-entry into a singles life style, the components necessary to develop a comfortable sexual value system for non-marital sexuality, and therapeutic intervention approaches.

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The sexual revolution of the 1960's coupled with the woman's movement, brought about many attitudinal changes towards sexuality. No longer afraid of unwanted pregnancies, women with the aid of more effective birth control, experienced a new freedom to become sexual beings. As a result, the double standard was re-evaluated and many women today who are capable of experiencing and enjoying their sexuality do not regard themselves as being promiscuous. Sex, which had previously been sanctioned within the bonds of marriage, now became more acceptable in non-marital situations. Yet in our clinical practice, we observe many people in the process of re-entry into a singles life style who are basing their sexual behavior upon the ethic of marital sex in the 1940's and 1950's. Because they have internalized the ethic that sex must be accompanied by love, intimacy, and commitment, they experience a tremendous amount of anxiety when they encounter potential sexual partners who do not share the same values. As the Christensan Cross-Cultural Study of Premarital Attitudes and Standards revealed, the behavior of the individual is not as important as the degree of congruence between the value system he holds and the behavior in which he engages. Many of our patients experience great dissonance in moving from a monogamous relationship to one of handling several relationships which are not based on intimacy and commitment. Counseling can help strengthen a person's self-esteem while he struggles to feel comfortable in a variety of new circumstances. For example, a recently divorced

man in his early 50's complained of experiencing errection difficulties when he began to date again. Previously, when he had dated in his 30's, he had felt successful and had enjoyed a traditional romantic concept of courtship. Now because of the change in attitudes and expectations,he felt anxious and confused. He began to question his own attractiveness and capabilities. With therapeutic intervention, he was able to make adaptations to the new dating scene.

Re-entry into the singles life style is a time of crisis when defenses soften and new coping patterns must be developed. It is a time of great growth for the individual and the crisis can propel him to move ahead more rapidly than usual. However, before an individual is emotionally available for other relationships,he must resolve his mourning for his lost marriage and give up his emotional attachment to it. Along with moving through the stages of mourning, which are denial, questioning, anger, bargaining, and acceptance, the patient often fluctuates between three psycho-sexual transitional stages which we have termed the fling, the transitional object relationship, and the withdrawal. These stages often, but not always, occur in that order.

To give a brief sketch, the fling is characterized by a series of short relationships and dates that may have a frantic quality about them. While trying to validate himself as a social and sexual person, some patients complain about the pressure for "premature intimacy" when sexual intimacy moves at a faster pace than emotional intimacy. For many people,self-esteem is depleted rather than enhanced by these new relationships. Both men and women express

their dissatisfaction with their feelings that they are commodity, "a piece of meat." In our clinical practive, we have found that PI, premature intimacy, often leads to PE, premature ejaculation, and orgasmic difficulties. But overall, this fling stage provides a way for the individual to assess himself and obtain a clear picture of his wants and needs by experiencing himself in relation to a number of people.

Another stage, the transitional object relationship, is characterized by one or a series of one-to-one relationships in which the recently single person feels he is in love and may plan to re-marry. Through these relationships, the person receives nurturing and re-affirmation of self-worth after their ego-bruising marital experience. Frequently, this stage occurs before a person is even divorced or legally separated. A result of the single person's unresolved fear of being alone, this stage fulfills the individual's need to replace his partner and re-establish himself and his children in the traditional family unit. Often this can result in a hasty and short-lived second marriage when the new partner is either a replica or the complete opposite of the former partner.

In the withdrawal stage, the person temporarily retreats from involving himself and his energies in emotional relationships. This is characteristically a time of introspection, reassessment and emotional recharging. However, if a person becomes unable to enter into social relationships after a reasonable amount of time, therapy can be beneficial. For example, one of our patients

was a vibrant, healthy widower in his early 50's who had not had a date in 10 years. With treatment, he was helped to realize that he had not finished mourning for his wife. Upon completion of this task, he was able then to re-establish social relationships with other women.

These stages, the fling, the transitional object relationship, and the withdrawal, are all useful transitions on the way for a person to develop a new sense of self and identity.

Enabling single patients to develop their own standards for their non-marital sexual behavior can be a major function of counseling and therapy. The key issue of conflict for the single parent is his need to achieve a balance between being a good parent and becoming a healthy sexual person again. Although the incidence of joint custody and custodial fathers has risen dramatically in the last few years, our case loads still reflect the majority of women with custody of their children who seek treatment for this problem. Concerned about being a role model for their children, the custodial and non-custodial parent worries about the impact of their sexual behavior on their children. Will their children become promiscuous when they reach adolescence? How should they explain overnight dates to them and to which dates, if any, should they expose their children?

Therapeutic intervention can enable the single parent to resolve these problems by examining several areas. First, what must be determined is which stage of mourning for the lost marriage

the single parent is in. How available is he for new relationships? Also, the children may need treatment to understand what point they are at in mourning the traditional family unit which has been lost. Their relationship with the non-custodial parent must be explored for it is instrumental in determining their attitudes toward his parent's new life. For example, one 7 year old boy seen in treatment had been abandoned by his father. Whenever his mother brought home a new man, much to her chagrin and embarrassment, her son would ask the man if he were going to be his new step father. The boy was frantically searching for a new parent. Pressure from the extended family to remain within confines of a traditional courtship for the sake of the children often confuses and provokes anxiety for the newly single parent. The custodial parent's fear of hurting the child is reinforced by the criticism and disapproval of the extended family.

Moving into new relationships requires risk-taking and growth. How then can a clinician help the single parent to re-enter into the new singles life style? First, the therapist must be particularly sensitive and aware of his own counter-transferential reactions to his patients. Because many counselors are products of the morals of the 1940's and 1950's, they are, in a sense, no different from their patients who are grappling with the changing value system. Many therapists, too, are experiencing their own processes of separation and divorce. For example, a therapist in a long-term monogamous relationship may have strong reactions to a divorced person in the fling stage. To provide the necessary freedom and support for his

patients, he must be very careful not to impose his judgments or value system upon his patients.

Another major task of the therapist is to help the single patient to reconstruct his self-esteem. Before a patient can establish new guidelines for non-marital sexuality, he must regain a strong self-regard and self-respect. The trauma of the separation or divorce has usually depleted the patient's ego. Furthermore, the problems of establishing a social and sexual self may be compounded by difficulties on the job and in other family and interpersonal relationships. Often, the patient, confusing self-respect with selfishness, questions if he deserves happiness and feels selfish to expect gratification. Strengthening the ego enables a person to maintain a sense of identity which is separate from his family. Also, it facilitates self-actualization and an openess to take risks with new relationships. For example, Rose, a young woman in her late 30's, felt unable to cope with the pressures and responsibilities of being a single parent. Looking to her parents for support, she had regressed to her former dependent child-like role when she came to us for treatment. Therapeutic intervention nurtured her and made her aware of her own competency in educational and employment areas, as well as in the social and sexual sphere. By supporting her first tentative step into a new singles world, we were able to help her regain her self-esteem and independence. She emerged from treatment as a self-assured, confident women.

Another therapuetic task involves helping the single parent to work out a comfortable schedule for a new social life. She must

resolve issues such as the amount of time necessary for her to spend with her children and allowing time so that she can still function as an independent person. For example, one of our patients, Joan, feeling guilty about her new divorce, thought she did not deserve to date. As she rebuilt her self-esteem, she was able to see that she was entitled to her own time that was separate from her children. She could explore social and cultural pursuits while maintaining her good feelings about being a capable parent.

Another issue a single parent wrestles with at this stage is how open and honest she should be with her child about her sexual life. Should she shield her children from her sexual activities or carry on as if sexual relationships were a natural part of being a single parent? One of our female patients lied to her 7 year old daughter about her live-in relationship with her boyfriend. She told her child that he was just a friend. Because of mixed messages, her daughter began to experience great stress and acted out at home and at school. Finally, the daughter's anxiety compelled her to wake up in the middle of the night to find her mother in bed with her boyfriend. Through treatment, the mother was helped to communicate more honestly with her daughter. The counselor took into consideration the child's age and ability to handle sexual information when counseling this parent.

In conclusion, therapuetic intervention can be of great importance in helping a newly single person to adjust to the sexual life style of the 1980's. Successful working through of three psycho-sexual

stages, the fling, the transitional object relationship, and the withdrawal, facilitate the re-entry. The creation of a solid foundation of self-esteem enables the individual to take risks and grow in new relationships as he works out appropriate guidelines for himself in non-marital sexual relationships.